## City of Bay Saint Louis Utility Department 688 Highway 90, Bay Saint Louis, MS 39520 (228) 469-0009

## EFT AUTHORIZATION AGREEMENT

Account Number:	
Service Address:	
Name on Account:	Telephone:
Account Address:	
City: State:	Zip:
I (We) hereby authorize the City of Bay Saint Louis to initiate DEBIT entries to my (our) checking account listed below, the variable amount of my utility bill each month on the 13th day of each month. If the 13th day falls on a holiday or weekend, the transaction will take place on the following business day.	
Depository Name:	Branch:
City:	State:
Routing Number:	Account Number:
This authorization is to remain in full force and effect until the City of Bay Saint Louis Utility Department has received written notification from the undersigned of its termination in such time and in such manner as to afford the Utility Department and the Depository a reasonable amount of time to act on it.	
Applicant Signature	Date
Applicant Signature	Date
ATTACH VOIDED CHECK HERE	
•	
For Office Use Only:	
Checking Account#:	Date Started:
Bank Routing #:	Date Terminated:
Bank Name:	Utility Representative: